nancies which have not been diagnosed by these relatively simple techniques.[2]

In such instances our next step would be thoracoscopy, a procedure which is done under general anesthesia but which results in little risk or discomfort for the patient.[3] We use a double-lumen endotracheal tube for administering anesthesia in order to allow for collapse of the lung on the involved side thereby enabling the surgeon to get a thorough look at the pleural cavity. Biopsy is then performed under direct vision, and with safety. Using this technique we have been able to diagnose accurately all pleural effusions due to carcinoma in which pleural fluid cytology and pleural biopsy have been negative.

In some cases of nonmalignant pleural disease, and especially in patients with malignant mesothelioma, open pleural biopsy through a limited thoracotomy incision has been necessary to establish the diagnosis. The diagnosis of malignant mesothelioma is occasionally very difficult to establish short of providing the pathologist with a generous pleural biopsy specimen. When either of these techniques is used tetracycline can be instilled into the pleural cavity at the time of the procedure when the diagnosis of malignancy has been established thereby saving the patient the discomfort of this instillation at a different time.

Dr. Sahn is well-known for his expertise in pleural physiology and his article in the August issue is an excellent one. I mention these two invasive procedures only for the sake of completeness because I believe, as I am certain Dr. Sahn does, that the cause of a pleural effusion should be established with certainty whenever possible.

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REFERENCES

1. Sahn SA: The differential diagnosis of pleural effusions (Medical Progress). West J Med 1982 Aug; 137:99-108
2. Memon A, Zawadzki Z: Malignant effusions: Diagnostic Evaluation and Therapeutic Strategy. Chicago, Year Book Medical Publishers, Inc, 1981
3. Weissberg D, Kaufman M: Diagnostic and therapeutic pleuroscopy: Experience with 127 patients. Chest 1980 Nov; 78: 732-735

AMA and a National Health Policy

TO THE EDITOR: I enjoyed reading your editorial[1] in the August 1982 issue about the project "Health Policy Agenda for the American People." As Chairman of the Steering Committee of this AMA-initiated project, I am pleased with the number of articles and letters supporting the Health Policy Agenda.

However, there is one item in the editorial that I wish to correct. After the draft proposal was presented to the AMA House of Delegates in June 1982, the Steering Committee approved the addition of representatives from the Department of Health and Human Services, the Department of Defense and the Veterans Administration on the Steering Committee and on certain work groups. The National Conference of State Legislatures and the National Governors' Association are represented on the Advisory Committee.

Your editorial was excellent and thank you again for the support of this important project.

JOSEPH F. BOYLE, MD
Los Angeles
Chairman
Health Policy Agenda Steering Committee

REFERENCE

1. AMA and a national health policy, The (Editorial). West J Med 1982 Aug; 137:126-127

Ascaris Infection in Washington State

TO THE EDITOR: Pig manure, used as a fertilizer for vegetable gardens, is becoming increasingly popular among organic gardeners in Washington state. This popularity has resulted in large part from the increased price and decreased availability of cow manure. However, recent reports of *Ascaris* transmission from pigs to humans suggest that this practice may increase the risk of *Ascaris* infection.[1,2] To investigate the association of exposure to pigs or pig manure with infection, a survey of Washington state residents with laboratory confirmed *Ascaris* infection was conducted.

Over an 18-month period from January 1981 through June 1982, there were 328 cases of *Ascaris* infection identified by the Washington State Public Health Laboratory. Of these, 71 percent occurred either in Asian refugees or other recently arrived aliens, 22 percent in migrant farm workers and 8 percent (25 people) in US citizens who were not farm workers.

The survey was limited to 23 people who were US citizens and had resided in Washington state for one year before diagnosis. Of the 23 people, 18 reported extended exposure to pigs (pigs, pig manure or old pig sties). Five of the people reported out-of-state travel; however, three of these also reported exposure to pigs in Washington state. One of the five traveled to Central America. There were 14 of the 23 people (61 percent) under 4